

**Exhibit B**

# WELCOME TO NEW YORK STATE

## NEW YORK STATE TRAVELER HEALTH FORM

(One form per person/family required)

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has issued a travel advisory for anyone entering New York from a state that has a significant degree of community-wide spread of COVID-19.

If you have traveled from within one of the designated states with significant community spread, you must undertake a precautionary quarantine when you enter New York for 14 days from the last day you were in a designated state. This does not apply to any individual passing through a designated state for a limited duration (i.e. less than 24 hours) through the course of travel, or essential workers as outlined below.

For a list of states that meet the criteria for required quarantine due to significant community transmission: [www.coronavirus.health.ny.gov/covid-19-travel-advisory](http://www.coronavirus.health.ny.gov/covid-19-travel-advisory). This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

Upon entering New York, if you are a traveler and do not have a suitable dwelling for your 14-day quarantine period, you must find appropriate accommodations at your own cost. If you are a NYS resident returning from travel and do not have appropriate accommodations for quarantine, please call your local health department: [www.health.ny.gov/contact/contact\\_information/](http://www.health.ny.gov/contact/contact_information/).

Please see attached guidance document on how to quarantine safely:

[https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine\\_guidance.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine_guidance.pdf)

**Please complete the following questions:**

Last (family) name: \_\_\_\_\_ First (given) name: \_\_\_\_\_

Primary state of residence: ☐ NYS ☐ Other (specify): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Gender: ☐ Male ☐ Female ☐ Non Binary

Date of arrival to NYS: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**IN THE LAST 14 DAYS HAVE YOU BEEN IN ONE OF THE STATES DESIGNATED AS HAVING SIGNIFICANT COMMUNITY SPREAD?**

☐ Yes ☐ No

List state: \_\_\_\_\_ Last date in state: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Additional state(s): \_\_\_\_\_ Last date(s) in state: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

How did you travel into New York? (select all that apply)

☐ Private vehicle ☐ Public ☐ Train ☐ Air Travel ☐ Ship

If Air Travel: Airline: \_\_\_\_\_ Flight number: \_\_\_\_\_ Seat Number: \_\_\_\_\_

Final destination: Address: \_\_\_\_\_

Hotel Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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For New York residents, is final destination listed your primary residence? ☐ Yes ☐ No

If New York is not your residence and you are visiting, duration of stay: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile? ☐ Yes ☐ No

Alternate telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile? ☐ Yes ☐ No

E-mail address: \_\_\_\_\_

Do you consent to using the New York State Department of Health text messaging system? ☐ Yes ☐ No

**TODAY OR IN THE PAST 24 HOURS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?**

Fever (100.4° F / 38° C or higher), felt feverish, or had chills? ☐ Yes ☐ No

Cough? (new or worsening)? ☐ Yes ☐ No

Difficulty breathing? (new or worsening)? ☐ Yes ☐ No

**IF YOU ARE AN ESSENTIAL WORKER, AND WHEN IN NYS WILL PERFORM ESSENTIAL WORK, PLEASE FILL OUT THE SECTION BELOW**

Are you a resident and essential worker in New York? ☐ Yes ☐ No

If no, are you an essential worker traveling to New York to perform essential work?

If yes (select one):

☐ Yes ☐ No **Short-term essential worker** traveling to New York for a period of less than 12 hours?  
(such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities)

☐ Yes ☐ No **Medium-term essential worker** travelling to New York for a period of less than 36 hours?  
(such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities)

☐ Yes ☐ No **Long-term essential worker** travelling to New York for a period of greater than 36 hours requiring a stay of several days?  
(such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities)?

If you are not an essential worker but have extraordinary circumstances and you believe you should be exempt from these requirements, please contact the NYS COVID-19 Hotline at 1-888-364-3065.

**ATTESTATION**

I hereby attest, under penalty of law, that all information that I have provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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